



111203

16805 U.S. PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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|   |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
|---|-----------|--|--|------|--|--|--|---------|--|--|--|------|-------|----------|--|---------|-----------|-----|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>   |           | <b>Attorney Docket No.</b>   | 14364US11  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
|   |           | <b>First Inventor</b>  | Joseph J. Kubler   |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
|   |           | <b>Title</b>   | HIERARCHICAL DATA<br>COLLECTION NETWORK<br>SUPPORTING PACKETIZED<br>VOICE COMMUNICATIONS<br>AMONG WIRELESS TERMINALS<br>AND TELEPHONES |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
|   |           | <b>Express Mail Label No.</b>  | EV 304936033 US  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>  |           | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p><p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><i>See 37 CFR 1.27.</i></p><p>3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>330</u>]<br/><i>(preferred arrangement set forth below)</i><br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R&amp;D<br/>-Reference to sequence listing, a table, or a computer program listing appendix<br/>-Background of the Invention<br/>-Brief Description of the Drawings <i>(if filed)</i><br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 U.S.C. 113) [Total Sheets <u>80</u>]</p><p>5. Oath or Declaration [Total Sheets <u>12</u>]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%; vertical-align: top;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> Paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>   |           | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">031282 U.S. PTO<br/>10/706425</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">111203</div> |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p><p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p><p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p><p>17. <input type="checkbox"/> Other: _____</p></div><div style="width: 48%; vertical-align: top;"><p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br/><input checked="" type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: <u>10/141,506</u></p><p><i>Prior application information:</i>                      Examiner: <u>D. R. Vincent</u>                      Art Unit: <u>2661</u></p><p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p></div></div> |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <b>19. CORRESPONDENCE ADDRESS</b>   |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">23446</span> OR <input type="checkbox"/> Correspondence address below  |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td><td colspan="2"></td></tr><tr><td colspan="2">Address</td><td colspan="2"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td></td></tr></table>   |           |  |  | Name |  |  |  | Address |  |  |  | City | State | Zip Code |  | Country | Telephone | Fax |  |
| Name  |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| Address   |           |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| City  | State     | Zip Code   |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| Country   | Telephone | Fax  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| Name (Print/type)   |           | Registration No. (Attorney/Agent)  | 51,486   |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| Signature <u>Kevin E. Borg</u>  |           | Date   | November 12, 2003  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |     |  |



16805 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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|   |  |                          |                  |
|---|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL<br/>for FY 2004</b><br><br>Patent Fees are subject to annual revision. |  | <b>Complete if Known</b> |                  |
|   |  | Application Number       | unassigned       |
|   |  | Filing Date              | herewith         |
|   |  | First Named Inventor     | Joseph J. Kubler |
|   |  | Examiner Name            | unassigned       |
| TOTAL AMOUNT OF PAYMENT (\$1,022.00)  |  | Group Art Unit           | unassigned       |
|   |  | Attorney Docket No.      | 14364US11        |

| METHOD OF PAYMENT  |                       | FEE CALCULATION (continued)                               |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
|--|-----------------------|---|-----------------------|-----------------|----------|-------------|----------|------------------------|--------|------------------------------|----------|-----------------------------------|------|--------------------|----------|---------------------------------------|------|----------|----------|---|--|----------|---------|---|--|--------------|--|--|--------|--|--|
| <b>1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Deposit Account Number: 13-0017<br>Deposit Account Name: McAndrews Held & Malloy<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | <b>3. ADDITIONAL FEES</b>                                 |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <b>2. Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |   |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <b>FEE CALCULATION</b>   |                       |   |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <b>1. BASIC FILING FEE</b>   |                       |   |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing Fee</td><td>770.00</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>770.00</td></tr></tbody></table>   |                       | Large Entity Fee Code                                     | Small Entity Fee Code | Fee Description | Fee Paid | 1001 770    | 2001 385 | Utility filing Fee     | 770.00 | 1002 340                     | 2002 170 | Design filing Fee                 |      | 1003 530           | 2003 265 | Plant filing fee                      |      | 1004 770 | 2004 385 | Reissue filing fee                                |  | 1005 160 | 2005 80 | Provisional filing fee                                    |  | SUBTOTAL (1) |  |  | 770.00 |  |  |
| Large Entity Fee Code  | Small Entity Fee Code | Fee Description   | Fee Paid              |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1001 770   | 2001 385              | Utility filing Fee  | 770.00                |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1002 340   | 2002 170              | Design filing Fee   |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1003 530   | 2003 265              | Plant filing fee  |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1004 770   | 2004 385              | Reissue filing fee  |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1005 160   | 2005 80               | Provisional filing fee                                    |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| SUBTOTAL (1)   |                       |   | 770.00                |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |                       |   |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>34 - 20** =</td><td>14 x</td><td>18.00 =</td><td>252.00</td></tr><tr><td>Independent Claims 3 - 3** =</td><td>0 x</td><td>86.00 =</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td>290.00 =</td><td>0.00</td></tr></tbody></table>   |                       | Total Claims  | Extra Claims          | Fee from below  | Fee Paid | 34 - 20** = | 14 x     | 18.00 =                | 252.00 | Independent Claims 3 - 3** = | 0 x      | 86.00 =                           | 0.00 | Multiple Dependent |          | 290.00 =                              | 0.00 |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| Total Claims   | Extra Claims          | Fee from below  | Fee Paid              |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 34 - 20** =  | 14 x                  | 18.00 =   | 252.00                |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| Independent Claims 3 - 3** =   | 0 x                   | 86.00 =   | 0.00                  |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| Multiple Dependent   |                       | 290.00 =  | 0.00                  |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
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| Large Entity Fee Code  | Small Entity Fee Code | Fee Description   | Fee Paid              |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1202 18  | 2202 9                | Claims in excess of 20                                    |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1201 86  | 2201 43               | Independent claims in excess of 3                         |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1203 290   | 2203 145              | Multiple dependent claim, if not paid                     |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1204 86  | 2204 43               | **Reissue independent claims over original patent         |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| 1205 18  | 2205 9                | **Reissue claims in excess of 20 and over original patent |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| SUBTOTAL (2)   |                       |   | 252.00                |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
| **or number previously paid, if greater; For Reissues, see above   |                       | *Reduced by Basic Filing Fee Paid                         |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |
|  |                       | SUBTOTAL (3) (\$0.00)                                     |                       |                 |          |             |          |                        |        |                              |          |                                   |      |                    |          |                                       |      |          |          |   |  |          |         |   |  |              |  |  |        |  |  |

|                   |                   |                                      |        |
|-------------------|-------------------|--------------------------------------|--------|
| SUBMITTED BY      |                   | Complete (if applicable)             |        |
| Name (Print/Type) | Kevin E. Borg     | Registration No. (Attorney or Agent) | 51,486 |
| Telephone         | 312-775-8000      | Signature                            |        |
| Date              | November 12, 2003 |                                      |        |

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